

Case Number:	CM15-0212455		
Date Assigned:	11/02/2015	Date of Injury:	01/20/2014
Decision Date:	12/24/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/28/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 45-year-old male, with a reported date of injury of 01-20-2014. The diagnoses include medial meniscus tear of the knee, pain in the lower leg joint, and psychogenic pain. The progress report dated 09-17-2015 indicates that the injured worker was making slow but steady gains in his rehabilitation. He still had limited mobility in both extension and flexion. The injured worker was prescribed Norco for the postoperative knee pain. The progress report dated 09-24-2015 indicates that the injured worker presented for follow-up of bilateral knee pain and low back pain. He continued to have persistent bilateral knee pain, and continued to recover from right knee surgery performed on 08-14-2015. The injured worker's pain ratings were not indicated. The objective findings include an antalgic gait; normal muscle tone without atrophy in the bilateral upper and lower extremities; positive right knee effusion but not redness, abrasion, joint line tenderness, McMurray test, Apley test, Lachman test, medial collateral ligament laxity, lateral collateral ligament laxity, and pes anserine bursae tenderness; and no sign of infection. There was documentation that the injured worker had completed 6 out of 12 physical therapy sessions. It was noted that the injured worker had work restrictions. The diagnostic studies to date have included a urine drug screen on 06-04-2015 with negative findings; and an MRI of the right knee on 02-13-2015 which showed medial and lateral meniscus tears, tricompartmental cartilage abnormalities, and ACL (anterior cruciate ligament) degeneration with possible partial thickness tear compartment. Treatments and evaluation to date have included Lidoderm patch, Buprenorphine, physical therapy, Cymbalta (discontinued), Tramadol (discontinued), functional

restoration program, right knee surgery on 08-14-2015, left knee surgery on 10-31-2014, and bilateral soft knee brace. The request for authorization was dated 09-28-2015. The treating physician requested Norco 10-325mg #80 (date of service: 09-17-2015). On 10-01-2015, Utilization Review (UR) modified the request for Norco 10-325mg #80 to Norco 10-325mg #65.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective request for 80 Norco 10-325 mg DOS 9/17/15: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)Acetaminophen (APAP).

Decision rationale: The injured worker sustained a work related injury on 01-20-2014. The medical records provided indicate the diagnosis of medial meniscus tear of the knee, pain in the lower leg joint, and psychogenic pain. Treatments have included Lidoderm patch, Buprenorphine, physical therapy, Cymbalta (discontinued), Tramadol (discontinued), functional restoration program, right knee surgery on 08-14-2015, left knee surgery on 10-31-2014, and bilateral soft knee brace. The medical records provided for review do not indicate a medical necessity for: Retrospective request for 80 Norco 10-325 mg DOS 9/17/15. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. It is not certain from the medical records how long the injured worker has been using Norco, but the records indicate the injured worker has been taking opioid medications at least since 2011, but without overall improvement as defined by the MTUS. The medical records indicate the injured worker has elevated liver Enzymes, but the Official Disability Guidelines and several other guidelines recommend caution in the use of Acetaminophen containing medications in the treatment of individuals with impaired liver function. Norco, is a medication containing the opioid, Hydrocodone, and Acetaminophen.